

## **Exhibit D – Witness Fees**

DATE	INVOICE NO.	COMMENT	AMOUNT	DISCOUNT	NET AMOUNT
<del>10-2-08</del>	0232W-00069	WITNESS FEE FOR DEPOSITION (ATTENDANCE & MILEAGE)			\$40.29
<div style="display: flex; justify-content: space-between;"> <div> <b>REVIEWED</b> 8 </div> <div> WAL MART STORES, INC. </div> <div> TOTAL </div> <div> \$40.29* </div> </div>					

CHARGE TO (CLIENT NAME OR TYPE OF FIRM EXPENSE): iLight		CLIENT CODE: 0232W	MATTER CODE: 00069
REQUESTOR'S NAME (Person Requesting Check): Stramer		OFFICE LOCATION AND FLOOR: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Louisville  <input type="checkbox"/> Atlanta  <input type="checkbox"/> Jeffersonville  <input type="checkbox"/> Alexandria </div> <div> <input type="checkbox"/> Lexington  <input checked="" type="checkbox"/> Nashville 8  <input type="checkbox"/> Frankfort </div> </div>	
SEND CHECK TO: <input checked="" type="checkbox"/> REQUESTOR <input type="checkbox"/> ABOVE PAYEE AT ADDRESS SHOWN <input type="checkbox"/> OTHER (SPECIFY)			
ACCOUNTING USE ONLY		SIGNATURE OF AUTHORIZED PERSON:	
DEBIT	CREDIT	CHECK NO.	(original en route)

*Ma Stramer*

# 501324

### Reminders:

- Please copy receipts onto 8½ x 11 paper and clip the copied page(s) to the Check Request form.
- If you are **e-mailing** this form to Accounting, do not use the File + Send To Mail Recipient option in Word. This form should be a Word or Adobe attachment to your e-mail message.

STITES &amp; HARBISON, PLLC

CHECK DATE: 10-31-08

CHECK NO.: 163/96

DATE	INVOICE	VOUCHER	COMMENTS	NET	G/L ACCOUNT	AMOUNT
10-31-08	0232W-00069	504510	WITNESS & MILEAGE FEE (\$40.00 + 1 MILE AT .0585 PER MILE)	40.59	59999 0000	40.59
VENDOR: RICHARD HUO				VENDOR ID: 904912	TOTAL	\$40.59

**REVIEWED** *JS*

CHARGE TO (CLIENT NAME OR TYPE OF FIRM EXPENSE): iLight/Fallon		CLIENT CODE: 0232W	MATTER CODE: 00069
REQUESTOR'S NAME (Person Requesting Check): Lisa Stramer		OFFICE LOCATION AND FLOOR: <input type="checkbox"/> Louisville <input type="checkbox"/> Lexington <input type="checkbox"/> Atlanta <input checked="" type="checkbox"/> Nashville 8 <input type="checkbox"/> Jeffersonville <input type="checkbox"/> Frankfort <input type="checkbox"/> Alexandria	
SEND CHECK TO: <input checked="" type="checkbox"/> REQUESTOR <input type="checkbox"/> ABOVE PAYEE AT ADDRESS SHOWN <input type="checkbox"/> OTHER (SPECIFY)			
DEBIT		CREDIT	CHECK NO.
			SIGNATURE OF AUTHORIZED PERSON: <i>Lisa Stramer</i>

# 504510

**Reminders:**

- Please copy **receipts** onto 8½ x 11 paper and clip the copied page(s) to the Check Request form.
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163797

STITES &amp; HARBISON, PLLC

CHECK DATE: 10-31-08

CHECK NO.: 163797

DATE	INVOICE	VOUCHER	COMMENTS	NET	G/L ACCOUNT	AMOUNT
10-31-08	0232W-00069	504511	WITNESS & MILEAGE FEE (\$40.00 + 1 MILE AT 0.585 PER MILE)	40.59	59999 0000	40.59
<b>REVIEWED</b> 8						
VENDOR: DOUGLAS H. BAGIN				VENDOR ID: 904913	TOTAL	\$40.59

SERVICE TO (CLIENT) (NAME OR TYPE OF FIRM EXPENSE):  
 iLight/Fallon

CLIENT CODE: 0232W  
 MATTER CODE: 00069

REQUESTOR'S NAME (Person Requesting Check):  
 Lisa Stramer

OFFICE LOCATION AND FLOOR:  
☐ Louisville    ☐ Lexington  
☐ Atlanta    ☒ Nashville 8  
☐ Jeffersonville    ☐ Frankfort  
☐ Alexandria

SEND CHECK TO:  
☒ REQUESTOR    ☐ ABOVE PAYEE AT ADDRESS SHOWN  
☐ OTHER (SPECIFY)

SIGNATURE OF AUTHORIZED PERSON:  
*Lisa Stramer*

DEBIT	CREDIT	CHECK NO.

# 504511

**Reminders:**

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